

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841Purpose of Disbursement  
2010 PrimaryCandidate Name  
Michael C. ThompsonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D01DFE011014361ACDA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee; the

Mailing Address Post Office Box 5928

City State Zip Code  
Winston-Salem NC 27113Purpose of Disbursement  
2010 PrimaryCandidate Name  
Richard M. BurrOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: C450C3F720A156B9CE6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee; the

Mailing Address Post Office Box 5928

City State Zip Code  
Winston-Salem NC 27113Purpose of Disbursement  
2010 GeneralCandidate Name  
Richard M. BurrOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: B745DFDFAF7E367889A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

19000.00